

FILED

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE

2018 MAY 31 P 12:49

Christopher Smith

v.
West Chevrolet

David Shisler
Jessica (Doe)

)
NO. 3:18-cv-213 DISTRICT COURT
EASTERN DIST. TENN.

(To be assigned by the Clerk's Office.)

Do not write in this blank.)

APPLICATION TO PROCEED IN FORMA PAUPERIS
WITH SUPPORTING DOCUMENTATION

I, Christopher Smith, declare that I am the:

plaintiff/petitioner

defendant/respondent

Other: _____

in the above-reverenced proceeding. In support of my request to proceed without being required to prepay fees or give security therefor, I state that because of my poverty, I am unable to pay the fees for this action or give security therefor. I believe that I am entitled to the relief sought in my complaint/petition/answer/response. The nature of my action, defense, or other proceeding or the issues I intend to present are briefly stated as follows:

In further support of this application, I answer the following questions:

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PERSONAL INFORMATION, EMPLOYMENT AND INCOME DATA

NAME (First Middle Last) YEAR OF BIRTH
Christopher Ahmed Smith 6-2-78

SOCIAL SECURITY NUMBER (last 4 digits only) PHONE NOS.
8808 565-208-2788

HOME ADDRESS:

2718 Wilson Ave, Knox, TN 20 years (37914)

OWN OR RENT? HOW LONG AT CURRENT ADDRESS?

Single

MARITAL STATUS:

Disabled

NAME AND ADDRESS OF CURRENT EMPLOYER:

TELEPHONE NUMBER OF EMPLOYER:

HOW LONG AT CURRENT EMPLOYMENT?

OCCUPATION (Describe what you do):

IF EMPLOYED, STATE BOTH THE GROSS AND NET AMOUNTS OF YOUR SALARY
AND WAGES PER MONTH.

GROSS: NET:

IF NOT CURRENTLY EMPLOYED, GIVE MONTH AND YEAR OF LAST
EMPLOYMENT:

HOW MUCH DID YOU EARN PER MONTH AT YOUR LAST EMPLOYMENT:

HAVE YOU RECEIVED ANY MONEY FROM ANY OF THE FOLLOWING SOURCES
WITHIN THE PAST TWELVE MONTHS?

Business, professional or other form of self-employment? Yes No

If YES, state the source and amount:

Rent payments, interest, or dividends? Yes No

If YES, state the source and amount:

Pensions, annuities, or life insurance payments? Yes No

If YES, state the source and amount:

Gifts or inheritance? Yes No

If YES, state the source and amount:

Any other source? Yes No

If YES, state the source and amount:

Disability \$1742.00 a month

ASSETS:

LIST ANY OF THE FOLLOWING ASSETS THAT YOU OWN AND THE TOTAL VALUE

CASH \$ 0

CHECKING ACCOUNTS TOTAL BALANCE (List Banks Below) \$ 0
(Do NOT include account numbers)

SAVINGS ACCOUNTS-TOTAL BALANCE (List Banks Below) \$ 0
(Do NOT include account numbers)

STOCKS AND BONDS \$ 0

REAL ESTATE-CURRENT FAIR MARKET VALUE
(List Locations Below)

\$ 6

\$ 0

\$ 0

TOTAL REAL ESTATE \$ _____

VALUE OF PERSONAL PROPERTY, EXCLUDING VEHICLES (Itemize)

2002 Dodge Van \$ 1500.00

\$ _____

\$ _____

TOTAL PERSONAL PROPERTY \$ _____

MOTOR VEHICLES

Year/Make License No. Current Value

2002 Dodge Van 081784931 \$ 1500.00

\$ _____

\$ _____

TOTAL VALUE OF MOTOR VEHICLES \$ 1500.00

DEBTS OWED TO YOU (Give Name of Debtor)

\$ 0

\$ 0

\$ 0

TOTAL DEBTS OWED TO YOU \$ 0

OTHER ASSETS (ITEMIZE)

\$ 0

\$ 0

\$ 0

TOTAL OTHER ASSETS \$ _____

TOTAL OFF ALL ASSETS: \$ 1500.00

LIABILITIES
(DO NOT INCLUDE ACCOUNT NUMBERS)

NOTES (LOANS) PAYABLE TO BANKS (List bank name and amount of loan only)

\$ 6
\$ 0
\$ 0

TOTAL LOANS PAYABLE TO BANKS \$

NOTES (LOANS PAYABLE TO OTHERS) \$ 0
MORTGAGES PAYABLE ON REAL ESTATE \$ 0
CREDIT CARDS AND ACCOUNTS PAYABLE TO CREDITORS \$ 0
MEDICAL BILLS \$ 0
TAXES AND ASSESSMENTS PAYABLE \$

OTHER LIABILITIES (Itemize)

\$ 0
\$ 0
\$ 0

TOTAL LIABILITIES \$

LIVING EXPENSES

	Monthly Payment	Balance Owing
<input checked="" type="checkbox"/> RENT or []MORTGAGE PAYMENT (check one)	\$ <u>500.00</u>	\$ _____
ELECTRICITY	\$ <u>200.00</u>	\$ _____
WATER	\$ _____	\$ _____
GAS	\$ _____	\$ _____
TELEPHONE	\$ <u>30.00</u>	\$ _____
FOOD	\$ _____	\$ _____
ALIMONY	\$ _____	\$ _____
CHILD SUPPORT	\$ _____	\$ _____
CHILD CARE	\$ _____	\$ _____
SCHOOL EXPENSES	\$ _____	\$ _____
AUTOMOBILE NOTE	\$ _____	\$ _____
AUTOMOBILE INSURANCE	\$ _____	\$ _____
AUTOMOBILE REPAIRS	\$ _____	\$ _____
GASOLINE	\$ _____	\$ _____
FURNITURE NOTE	\$ _____	\$ _____
CLOTHING	\$ _____	\$ _____
CABLE TELEVISION	\$ _____	\$ _____
LIFE INSURANCE	\$ _____	\$ _____
HOSPITALIZATION INSURANCE	\$ _____	\$ _____
DOCTORS	\$ _____	\$ _____
DRUGS	\$ _____	\$ _____
CREDIT CARDS	\$ _____	\$ _____
OTHER CHARGE ACCOUNTS OR CREDITORS	\$ _____	\$ _____
TAXES	\$ _____	\$ _____
ANY OTHER EXPENSES (LIST)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL EXPENSES		<u>\$ 1730.00</u>

SPOUSES' PERSONAL INFORMATION; EMPLOYMENT AND INCOME DATA

NAME (First Middle Last)

YEAR OF BIRTH

SOCIAL SECURITY NUMBER (last 4 digits only)

PHONE NOS.

HOME ADDRESS (if different from yours):

OWN OR RENT?

HOW LONG AT CURRENT ADDRESS?

NAME AND ADDRESS OF CURRENT EMPLOYER:

TELEPHONE NUMBER OF EMPLOYER:

HOW LONG AT CURRENT EMPLOYMENT?

OCCUPATION (Describe what your spouse does):

SPOUSE'S CURRENT MONTHLY INCOME:

Salary or Wages \$ _____

Commissions \$ _____

All other sources (Pensions; Soc.Sec.;
Rent; Interest; Dividends; Alimony, etc.) \$ _____**TOTAL:** \$ _____

NAME OF DEPENDENTS AND INCOME (If any)

(For Minor Children, only provide first initials)

Names:

Age:

Relationship:

Living
With Whom?

Christopher J. Smith Jr. 5 son mother

TOTAL MONTHLY INCOME OF DEPENDENTS INCLUDING
CHILD SUPPORT PAYMENTS (exclude spouse) \$ 0

TOTAL MONTHLY INCOME OF APPLICANT, SPOUSE,
AND DEPENDENTS \$ 0

AFFIDAVIT

I hereby certify that the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other, under penalty of perjury.

5-31-18

DATE

Christopher Smith

SIGNATURE

Created: January 31, 2007
IPF Application.wpd